

SECTION II – JJOLT Security Agreement

X Need Password Reset (Only)

As a user of the State of Michigan Department of Human Services automated systems, I accept and agree to the following:

- To Comply with the COMPUTER RESOURCES USE AND SECURITY POLICY (Section I of this agreement)
- To comply with all federal and state laws regarding the use of computer dissemination of information obtained from the use, including the Michigan Computer Crime Law (1979 PA53, MCL 752.791 through MCL 752.797; MSA 28.529(1) through (7)). **In the case where the person violating this act is not a State Employee, and the violation is a misdemeanor, the person may be barred from working on any and all State of Michigan contracts. Further, the company for which he/she is employed will be considered in violation of their contract with the State of Michigan and the contract may be terminated and or financial penalties assessed.**
- To use the DHS computers and automated systems to perform my job functions to the exclusion of all other use.
- To safeguard and not divulge confidential information obtained from the DHS.
- To keep confidential all access codes issued to me.
- To report to the DHS Security Coordinator any threat to or violation of security policies set for in Section 1.
- I have read the above security agreement. I understand it, and I agree to comply with its contents. Further, I understand any violation of its contents may result in termination of access privileges and/or recommendation for prosecution. I have reviewed the Public Acts 1979 PA53, MCL 752.791 through MCL 752.797; MSA 28.529(1) through (7) (attached).
- DHS agrees to protect the confidentiality of Social Security Numbers for authorized users of JJOLT in accordance with the Privacy Act of 1974.

User Signature: _____ Date: _____

User Name (Last name, First name, (Please Print))	Parent Agency Name and address:	
User e-mail Address	SSN or DHS Employee ID#	
Supervisor Name (Please Print)	Supervisor E-Mail	
Supervisor Signature:	Supervisor Area Code/Phone:	
Work Site: (Name & address if different than Agency above))	User Area Code/Phone No.	User Area Code Fax No.
Hall/Wing:	Job Title:	
Job Duties: (include what functions you do i.e. Intake, Treatment Plans, Medical, Educational etc.)		

**Please send this form to Elaine Hawkins fax # 734-449-4976 or e-mail the form to hawkinse@michigan.gov
If you have Questions, please contact Elaine at 734-449-5145 or the JJOLT Helpdesk at 517-335-3537**

FOR OFFICE USE ONLY	
Group Access Number:	Provider Code:
System Security Manager Signature and Date:	